

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60	3				
11							61	2				
12							62	1				
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19	1						69					
20	1						70					
21	1						71					
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41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1	2					96					
47	1	2					97					
48	1						98					
49	1						99					
50							100					